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Project Warp Speed and the Utah Health Freedom Movement: An Analysis of Military Governance and Legislative Countermeasures

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DOCUMENT OVERVIEW

This report provides a comprehensive analysis of recent events in Utah, which has become a focal point for the health freedom movement. It examines the critical revelations from the dropped prosecution of Dr. Michael Kirk Moore, which exposed the United States military's command-and-control structure over the COVID-19 vaccine project, known as Operation Warp Speed.

The analysis synthesizes court testimonies, legal arguments, and contractual evidence to detail the extent of military involvement, from strategic planning and manufacturing oversight to logistics and public perception management.

Furthermore, the report contrasts this centralized, militarized approach with Utah's pioneering legislative actions. It details new state laws designed to safeguard individual health autonomy, protect against medical coercion, and expand patient-physician rights. The role of key advocacy groups, particularly the Health Independence Alliance (HIA), and their vision for systemic reform are also explored.

This document synthesizes these interlocking narratives to provide strategic insights into the conflict between national security-driven health policies and the principles of individual liberty and medical freedom.

Page 2 of 10: Executive Summary

Recent events in Utah have brought to light a fundamental conflict between federally directed public health campaigns and the principles of individual health freedom. The dropped prosecution of Dr. Michael Kirk Moore has served as a catalyst, revealing a series of critical insights into the governance, execution, and public perception of the COVID-19 response. Our analysis, based on court documents and public records, points to three core findings:

1. The COVID-19 Vaccine Project Was Under Complete Military Command. Testimonies from high-level officials (ex-CDC, BARDA) in the Dr. Moore case revealed that Operation Warp Speed was not a civilian-led public health initiative but a military operation from its inception. The Department of Defense (DoD) controlled logistics, had personnel embedded in all six vaccine manufacturing plants, and entered into direct military contracts with pharmaceutical firms. The project's framework adopted military terminology, viewing vaccine decliners as "the enemy" and vaccines as "bullets," indicating a strategic, rather than purely scientific, approach.

2. The Judicial and Executive Branches Dismissed Concerns of Coercion. During the Dr. Moore proceedings, the court actively excluded evidence of vaccine-related medical harm and systematically downplayed the impact of coercive mandates. The presiding judge characterized job loss as "not so unthinkable," and the Department of Justice (DOJ) suggested that individuals needing organ transplants should seek lengthy legal relief rather than circumvent vaccine requirements. This posture indicates a systemic dismissal of individual autonomy when weighed against the objectives of the public health campaign.

3. Utah Has Established a Robust Legislative Framework for Health Freedom. In direct response to these pressures, Utah has pioneered a series of laws that serve as a national model for protecting health independence. These include statutes that (a) allow doctors to contract privately with patients for alternative treatments beyond the "standard of care," (b) prohibit forced genetic (mRNA) treatments with a $100,000 per-violation penalty (SB144), and (c) prevent discrimination based on immunity status. These legislative victories were driven by a coalition of advocacy groups, including the Health Independence Alliance (HIA).

Strategic Implication: The convergence of these events in Utah highlights a critical divergence between two models of governance: a centralized, militarized national security approach to public health versus a decentralized, rights-based legislative model. The HIA's call for a "separation of powers between medicine, state and industry" represents a foundational challenge to the current integrated system. The Utah model offers a potential blueprint for other jurisdictions seeking to reassert individual liberties and medical autonomy in the face of expanding governmental and corporate control over healthcare.

Page 3 of 10: Introduction: Utah as the Epicenter of the Health Freedom Movement

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Utah has emerged as a crucial focal point for the health freedom movement, experiencing significant developments that have reverberated across the nation. This prominence is rooted in a confluence of factors, including high-profile legal proceedings and pioneering legislative efforts. At the core of recent disclosures is the prosecution of Dr. Michael Kirk Moore, a case that, despite its eventual dismissal on July 12, 2025, acted as a conduit for revealing critical insights into government operations and the unprecedented role of the military in the COVID-19 response.

The public availability of court documents from Public Access to Court Electronic Records (PACER) has facilitated the examination of these details, shedding light on a governance model where conventional medical authorities, like the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA), were reportedly operating under military directives, ultimately divorcing the entire project from scientific autonomy.

This report aims to meticulously dissect these revelations, beginning with the intricacies of Dr. Moore's case, which brought these hidden dynamics to the surface. It will then expand to detail the extensive military command over the COVID-19 vaccine program, outlining the operational, logistical, and conceptual frameworks that defined it as a military endeavor. Subsequently, the report will highlight Utah's proactive legislative responses, which have established safeguards for individual health autonomy. Finally, it will discuss the role of key advocacy groups, such as the Health Independence Alliance (HIA), and their proposed structural reforms for a more independent and ethical healthcare system.

Understanding these interwoven narratives is essential for comprehending the current landscape of health governance and the ongoing struggle for health freedom.

Key Areas of Analysis

1. **The Dr. Michael Kirk Moore Case:** An examination of the court proceedings and their revelations about judicial and governmental attitudes toward medical freedom and coercion.
2. **Military Command of Operation Warp Speed:** A detailed analysis of evidence confirming the Department of Defense's control over the COVID-19 vaccine project.
3. **Utah's Legislative Countermeasures:** A review of pioneering state laws designed to protect individual health rights and patient autonomy.
4. **Advocacy and Systemic Reform:** An exploration of the role of organizations like the HIA and their long-term vision for a "separation of powers" in healthcare.

Page 4 of 10: The Dr. Michael Kirk Moore Case: A Landmark Disclosure

The prosecution of Dr. Michael Kirk Moore and his co-defendants in Utah became a high-profile event within the health freedom movement, offering a rare glimpse into the judicial and governmental approach to vaccine mandates. The case, which was ultimately dropped by Pam Bondi on July 12, 2025, served as an unexpected platform for uncovering significant details about the operation of government agencies and the military's deep involvement in the COVID-19 Project.

2.1. Case Background and Judicial Posture

Dr. Moore and his co-defendants faced accusations of distributing vaccination cards to individuals who sought to avoid vaccination. A critical and "absurd situation," as described by the source, arose during the court proceedings between July 7 and July 11, 2025, in the Federal Courthouse in Salt Lake City: the defense was explicitly barred from discussing the medical damage caused by the vaccines. The U.S. Department of Justice (DOJ), represented by prosecutor Todd Bouton, successfully pushed for the exclusion of this crucial evidence, a motion that Judge Howard Nielsen Jr. upheld. This judicial decision effectively prevented a comprehensive defense, likened by the source to "preventing a bus driver from bringing up the semi-truck that swerved into his lane when he tries to defend against his alleged violation of road rules to protect his passengers."

2.2. Prosecution Arguments and Judicial Dismissal of Coercion

Prosecutors from the DOJ presented what were characterized as "hyperbolic straw-man arguments" to dismiss the defense's position. They contended that no one was facing an imminent and forcible injection, stating: *"No one was standing next to the unvaccinated card-seekers ready to imminently and forcibly inject them with a COVID-19 vaccine against their will."* (PACER document 148). This argument sought to downplay the "long list of coercions" that compelled individuals to get vaccinated.

Judge Howard Nielsen Jr.'s comments further underscored this perspective, revealing a dismissal of the real-world consequences faced by those who resisted vaccination.

- **On Employment:** He concluded that *"the consequences of rejecting vaccination were not so unthinkable as to render Dr. Moore's patients' choice illusory,"* characterizing *"a potential loss of employment or the inability to attend school in person"* as manageable outcomes (PACER document 273-1).
- **On Medical Procedures:** Regarding individuals needing vaccines for critical medical procedures, such as a kidney transplant, the DOJ suggested that anyone in such a predicament *"could have sought legal relief in court for access to such a procedure, without resorting to obtaining a fraudulent vaccination card"* (PACER document 273). This advice was presented without apparent concern for the time-sensitive and life-threatening nature of such medical needs.

2.3. Significance of the Case

Despite the limitations placed on the defense, Dr. Moore's case proved pivotal. It was during the testimonies of key prosecution witnesses, Chris Duggar (ex-CDC) and Gary Disbrow (BARDA), that the profound military control over the entire COVID-19 vaccine project came to light. The case inadvertently served as a "ground zero" event, peeling back layers of official narratives to expose a deeply militarized approach to public health.

Page 5 of 10: Unveiling Military Command of the COVID-19 Project (Part 1)

A staggering revelation from Dr. Michael Kirk Moore's trial was the unequivocal evidence confirming the military's complete and overarching control of the entire COVID-19 vaccine project. This control extended from the foundational planning stages through to manufacturing and distribution, fundamentally reshaping the understanding of the pandemic response as a military, not a civilian, operation.

3.1. Genesis of Military Involvement: Operation Warp Speed

The groundwork for this military-led operation was laid well before the official onset of the pandemic.

- **Executive Order 13887:** Issued by then Commander-in-Chief Trump on **September 19, 2019**, this order established the basis for Operation Warp Speed (OWS). The source notes that this initiative "coincidentally" kicked off precisely "in time for COVID-19."
- **Military Leadership:** The court proceedings explicitly affirmed the military's central role. During questioning, former CDC official Chris Duggar confirmed that Operation Warp Speed *"Very much so"* involved the military and *"was run by a general,"* underscoring its command-and-control structure.

3.2. The "War Game" Mentality and the Unvaccinated as "Enemy"

The military's influence permeated not just the organizational structure but also the conceptual framework of the COVID-19 response. Chris Duggar, who served as the lead for the CDC's Covid-19 Response Vaccine Task Force, described his team's efforts to accelerate vaccine deployment as akin to *"the best war game scenarios."* This analogy was further elucidated through his testimony regarding military planning.

Duggar explained the military term, *"a plan never survives an enemy,"* detailing how plans must constantly adapt in "combat" situations. He elaborated on the military's mentality of acquiring "more than enough" resources, referencing a soldier's need for sufficient "bullets, food, gas for their truck."

Crucially, in this military framework, the source asserts: **"human beings who declined the vaccine were seen as the enemy, and the bullets were the analog of vaccines."** This perspective recontextualizes the public health campaign as a military operation against a segment of the population, using vaccines as "weapons." The initial planning, according to Duggar, had not anticipated the approximately 25% of the population who would decline the vaccine.

Page 6 of 10: Unveiling Military Command of the COVID-19 Project (Part 2)

The military's operational control was not limited to strategic planning; it extended to the practical aspects of vaccine deployment and oversight, effectively bypassing traditional civilian health agency roles.

3.3. Military Logistics, Surveillance, and Manufacturing Presence

Testimony from Gary Disbrow of the Biomedical Advanced Research and Development Authority (BARDA) provided concrete details of the military's deep operational integration.

- **Logistics and Tracking:** Disbrow testified that the *"distribution plan was developed by Department of Defense logistics personnel as well as Palantir."* This partnership was tasked with tracking "hundreds of millions of doses of vaccines as well as the ancillary kits," indicating a sophisticated, military-grade surveillance and logistical network.

- **Manufacturing Oversight:** Disbrow confirmed the *"presence of Department of Defense personnel in the facilities of all six of the vaccine manufacturers with whom BARDA was contracted."* When asked for clarification—*"Military people?"*—Disbrow unequivocally answered, *"Correct."* This implies direct military oversight and involvement in the vaccine production process, not merely distribution.

3.4. Military Contracts and Efforts to Ensure Secrecy

The contractual agreements underpinning the vaccine project further solidified the military's central role. Court discussions revealed a deliberate effort to conceal this fact.

- **Direct Military Contracts:** An attorney stated in court, *"It's the Department of Defense that entered into the contract with the pharmaceutical companies, it was the military."* These were identified as *"military contracts."*
- **Redaction and Confidentiality:** The source indicates a strong desire to keep this information confidential, with an attorney positing, *"I don't think military documents are even covered by FOIA as far as I understand it."* The court acknowledged *"an attempt to redact, for sure,"* and the government's own motions sought to protect this information from disclosure.
- **Specific Contractual Evidence:** An attorney pointed to **page 5 of the Janssen contract**, which *"identifies the agreement is entered into between the United States of America, represented by the Department of Defense, Army Contracting Command New Jersey, Advanced Technology International..."*

3.5. Advanced Technology International and WMD Countermeasures

The mention of **Advanced Technology International (ATI)**, the consortium management firm in the Janssen contract, adds another critical layer. ATI is known to be involved in **"WMD Countermeasures."** This association reinforces the interpretation that the entire COVID-19 operation was framed as a response to a threat akin to a Weapon of Mass Destruction, further embedding it within a military, defensive paradigm. The source concludes that the entire operation, with contracts reaching back to 2018, was under military command, transforming doctors and nurses into "military foot soldiers."

Page 7 of 10: Utah's Pioneering Role in Health Freedom Legislation

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In stark contrast to the centralized, militarized approach to public health revealed through Dr. Moore's case, Utah has simultaneously distinguished itself as a "Ground Zero" for the health freedom movement through its proactive legislative efforts. The state has enacted several significant laws aimed at safeguarding individual health independence, establishing precedents that have garnered national recognition.

4.1. Expansion of Alternative Treatment Options

One of Utah's innovative legislative achievements addresses the limitations often imposed by the "standard of care" in conventional medicine.

- **Private Doctor-Patient Contracts:** In Utah, a doctor now has the ability to **privately contract with their patients** to offer a much wider selection of treatments.
- **Beyond "Standard of Care":** This legal provision enables genuine alternative treatments through private agreements, empowering individuals and their healthcare providers to explore broader therapeutic options without the strictures of institutional control. The source regards this as *"much better than most of the sanctuary laws in other states."*

4.2. Protection Against Forced Genetic Treatments (SB144)

Perhaps one of the most groundbreaking pieces of legislation passed in Utah is **Senate Bill 144 (SB144)**, which specifically prohibits forced genetic treatments by employers and insurers.

- **Prohibition of mRNA Mandates:** This law is particularly impactful as it provides comprehensive protection against *"any and all mRNA-based mandates."*
- **Substantial Penalty:** To ensure compliance and provide a strong deterrent, SB144 carries a substantial penalty of **"$100,000-per-violation."** The pioneering nature of this law in Utah sets a significant benchmark for other states.

4.3. Prohibition of Immunity-Based Discrimination

Further solidifying its commitment to health freedom, Utah has also enacted a law that prevents discrimination based on immunity status.

- **Protection from Government and Employers:** This legislation ensures that **neither the government nor employers** can use an individual's immunity status as a basis for discriminatory practices.
- **Goal:** The intent is to prevent scenarios where individuals might be penalized or disadvantaged, aiming to ensure that "immunity never becomes a basis for discrimination ever again."

4.4. Advocacy and Support for Legislative Initiatives

These legislative successes are the result of concerted efforts by various health freedom organizations within Utah. Groups such as the **Health Independence Alliance (HIA), Your Health Freedom, We Are the People, Utah Freedom Coalition,** and **Defending Utah** have actively collaborated and campaigned for these bills.

Page 8 of 10: The Health Independence Alliance (HIA) and its Vision for Systemic Reform

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The Health Independence Alliance (HIA) stands out as a pivotal organization within Utah's thriving health freedom movement. It plays a crucial role alongside other advocacy groups in driving legislative change and, more fundamentally, in articulating a vision for systemic reform of the entire healthcare landscape.

5.1. Advocacy and Legislative Contributions

HIA has been deeply involved in the legislative processes that have positioned Utah as a leader in health freedom. Their efforts have directly contributed to the enactment of the key laws detailed previously, including those facilitating alternative treatments, prohibiting forced genetic treatments (SB144), and safeguarding against immunity-based discrimination.

5.2. Public Education and Awareness Campaigns

Beyond legislative advocacy, HIA recognizes the critical importance of public awareness and education. The organization has made a substantial financial investment in this area, having spent **"more than $40,000 on educating Utahns about the vaccines."** This commitment to informing the public underscores a belief that an educated populace is essential for making informed health decisions and for building grassroots support for health freedom initiatives.

A significant output from HIA's educational efforts is the documentary titled **"Utah: Safe and Effective?"**. This film is presented as containing "full documentary evidence" pertaining to the issues at hand.

5.3. Proposed Systemic Reform: Separation of Powers

More critically, the documentary and HIA's broader platform serve to articulate its proposed long-term solution for addressing what it describes as "our toxic health system."

HIA's core proposal is a "separation of powers between medicine, state and industry."

This framework suggests a fundamental restructuring of how healthcare is governed, aiming to decouple the influence of governmental bodies and powerful pharmaceutical/medical industries from the practice of medicine itself.

- **Critique of the Current System:** The proposal implicitly critiques a system where the state and industry exert undue influence over medical practice, leading to conflicts of interest, suppression of alternative treatments, and a lack of patient autonomy. The revelations from Dr. Moore's case—particularly the military's command over the COVID-19 project and the subjugation of the CDC and FDA to military orders—illustrate the depth of this "toxic health system" and underscore the urgency for such a separation.
- **Vision for an Independent Medical Sphere:** By advocating for a separation of powers, HIA envisions a medical sphere where clinical decisions are driven purely by patient well-being and scientific integrity, free from political mandates or commercial pressures. This would empower doctors and patients to make choices based on comprehensive medical knowledge and individual circumstances, rather than being dictated by external, non-medical authorities or corporate interests.

Page 9 of 10: Conclusion and Strategic Implications

The investigation into Dr. Michael Kirk Moore's case and Utah's legislative responses reveals a critical juncture in the global discourse surrounding health and governance. The insights gleaned from these events underscore a profound shift in the oversight and execution of public health initiatives, particularly during the COVID-19 pandemic.

6.1. The Pervasiveness of Military Control and its Systemic Impact

The most startling revelation is the unequivocal evidence of the military's complete command over the COVID-19 vaccine project. This was not a partnership but a full operational takeover, rooted in Executive Order 13887 and executed through Operation Warp Speed. The implications are far-reaching:

- **Redefinition of Public Health:** What was presented as a medical response was, in essence, a "war-like ‘solution’" orchestrated by the military.
- **Weaponization of Medical Interventions:** The classification of unvaccinated individuals as "the enemy" and vaccines as "bullets" fundamentally alters the ethical landscape of medicine.
- **Subordination of Civilian Agencies:** The CDC and FDA were demonstrated to be following military orders, revealing a critical vulnerability in civilian oversight.
- **Undermining Public Trust:** The deliberate efforts to conceal the military's contractual involvement erode public trust in governmental transparency.

This militarized approach suggests a paradigm where national security imperatives can override traditional medical ethics, individual autonomy, and established scientific processes.

6.2. Utah's Proactive Stance as a Counter-Model

In stark contrast, Utah has emerged as a beacon for health freedom, implementing pioneering laws that empower individuals and restrict overreach.

- **Empowerment of Patient-Doctor Relationship:** Laws enabling private contracts for alternative treatments restore agency to patients and physicians.
- **Protection Against Coercion:** SB144's prohibition of forced genetic treatments with severe penalties is a critical safeguard against future medical coercion.
- **Safeguarding Civil Liberties:** The law preventing immunity-based discrimination is vital for protecting equal treatment regardless of medical choices.

6.3. The Call for Systemic Reform: A Strategic Imperative

The Health Independence Alliance's proposed long-term solution—a **"separation of powers between medicine, state and industry"**—resonates deeply with the revelations from Dr. Moore's case. This is not merely an ideological stance but a strategic imperative to dismantle a "toxic health system" by ensuring medical autonomy, mitigating corporate influence, and restoring patient sovereignty.

The findings from Utah illuminate a critical tension between national security frameworks and individual health autonomy. They demand a re-evaluation of how public health crises are managed, emphasizing transparency, accountability, and the protection of civil liberties. The path forward requires increased public awareness, legislative replication of the Utah model, and advocacy for structural reform to disentangle medicine from undue state and industrial influence.

Page 10 of 10: Glossary of Key Terms

Advanced Technology International (ATI): A consortium management firm, identified as a party in the Janssen contract, involved in "WMD Countermeasures."

BARDA (Biomedical Advanced Research and Development Authority): A U.S. government agency responsible for the procurement and development of medical countermeasures. Its representative, Gary Disbrow, testified in the Dr. Moore trial.

CDC (Centers for Disease Control and Prevention): The national public health agency of the United States. The source claims the CDC was following military orders during the COVID-19 project.

Department of Defense (DoD): The U.S. federal department in charge of national security and the armed forces. Identified as having complete control over Operation Warp Speed.

DOJ (Department of Justice): The U.S. federal department responsible for law enforcement. It was the prosecuting body in Dr. Moore's case.

Executive Order 13887: An order issued by President Donald Trump on September 19, 2019, which the source claims set the basis for Operation Warp Speed.

FOIA (Freedom of Information Act): A federal law granting public access to records from federal agencies. The source suggests military contracts were concealed, possibly because they are not covered by FOIA.

Health Independence Alliance (HIA): A Utah-based organization actively supporting health freedom, involved in education, advocacy, and proposing systemic reforms.

Operation Warp Speed (OWS): The public-private partnership initiated by the U.S. government to accelerate COVID-19 vaccines. The source identifies it as a military-run operation.

PACER (Public Access to Court Electronic Records): An electronic public access service for federal court documents, cited as the source for court records in the article.

Palantir: A data analytics company that collaborated with DoD logistics personnel to develop the vaccine distribution and tracking plan.

SB144: A Utah Senate Bill that prohibits forced genetic treatments by employers and insurers, with a $100,000-per-violation penalty, specifically protecting against mRNA-based mandates.

Standard of Care: The level of care a reasonably prudent professional should provide. Utah's new law allows doctors to privately contract with patients for treatments beyond this standard.

WMD Countermeasures: Measures designed to protect against or respond to the use of Weapons of Mass Destruction. ATI's involvement in this area is noted as significant.